

# ANNUAL STATEMENT

55301200520100100

# FOR THE YEAR ENDING DECEMBER 31, 2005

OF THE CONDITION AND AFFAIRS OF THE

## **DELTA DENTAL OF RHODE ISLAND**

NAIC Group Code 1571	1571 NAIC Company	/ Code 55301	Employer's ID Number 05-0296998
(Current Period)  Organized under the Laws of	,	, State of Domicile or	Port of Entry RHODE ISLAND
Country of Domicile UNITE	ED STATES OF AMERICA		
Licensed as business type:	Dental Service Corporation [X] Vis	operty/Casualty [] sion Service Corporation [] HMO Federally Qualified?	Hospital, Medical & Dental Service or Indemnity Health Maintenance Organization YES [] NO []
Incorporated/Organized:o	ctober 22, 1959	_ Commenced Business	.:April 1, 1966
Statutory Home Office:10 0	CHARLES STREET PROVIDENCE, RI	02904	
Main Administrative Office:	10 CHARLES STREET PROVIDENCE,	RI 02904 401-752-6000	0
Mail Address: 10 CHARLES ST	REET PROVIDENCE, RI 02904		
Primary Location of Books and	Records: 10 CHARLES STREET	PROVIDENCE, RI 02904	401-752-6000
Internet Website Address:w	ww.deltadentalri.com		
Statutory Statement Contact:	GEORGE J. BEDARD		401-752-6000
-	gbedard@deltadentalri.com		401-752-6070
Policyowner Relations Contact		-6000	
	OFFIC	CERS	
	Name	Title	<u> </u>
1. JOSEPH	H A. NAGLE	PRESIDENT	
2. <u>KATHR</u>	YN M. SHANLEY	SECRETARY	
3. RICHAF	RD A. FRITZ	TREASURER	
Nome	Vice-Pre		T:41-
Name	Title	Name	Title
GREGORY L. DUBUC KATHRYN M. SHANLEY	VP UNDERWRITING VP EXTERNAL AFFAIRS	RICHARD A. FRITZ  ANGELO PEZZULLO #	VP FINANCE  VP SALES
STEPHEN J. SPERANDIO	VP OPERATIONS/ADMINISTRATION		VI . O/ NEED
	DIRECTORS O	R TRUSTEES	
EDWARD ALMON	MARIA M. ASCIOLLA, DMD	PHILLIP C. BARNER, DDS	A. THOMAS CORREIA, DDS
VINCENT DELNERO	DAVID A. DUFFY	PAULA HURD	DONALD IANNAZZI #
PAUL A. MACDONALD EDWIN J. SANTOS #	WILLIAM A. MEKRUT # KARL SHERRY	SANDRA PARRILLO # PATRICIA A. SULLIVAN	STEPHEN J. PUERINI, DMD LEONARD C. TADDEI, DMD
EBTTITUE OF ATTION	TVII CONETIC	, TATALONA COLLANA	ELOTO WAS C. TABBLI, DINB
State of RHODE ISLAND			
County of PROVIDENCE ss	luly aware and any that they are	a the described officers of said ron	auting autity, and that an the reporting paried stated
			orting entity, and that on the reporting period stated ens or claims thereon, except as herein stated, and
that this statement, together with related e	exhibits, schedules and explanations therein o	contained, annexed or referred to, is	s a full and true statement of all the assets and
			ome and deductions therefrom for the period ended, cedures manual except to the extent that: (1) state
law may differ; or, (2) that state rules or re	egulations require differences in reporting not	related to accounting practices and	d procedures, according to the best of their
	tively. Furthermore, the scope of this attestati exact copy (except for formatting differences o		ncludes the related corresponding electronic filing sed statement. The electronic filing may be
requested by various regulators in lieu of o		37	<b>,</b>
(Signature)	(Si	gnature)	(Signature)
JOSEPH A. NAGLE	•	RYN M. SHANLEY	RICHARD A. FRITZ
(Printed Name)	(Print	ted Name)	(Printed Name)
1. PRESIDENT	S	2. ECRETARY	3. TREASURER
(Title)		Title)	(Title)
Subscribed and sworn to before me this		a. Is this	an original filing? YES [ X ] NO [ ]
27th day of FEBRUARY	, 2006	b. If no:	1. State the amendment number
			2. Date filed
			3. Number of pages attached

1965/97   Cerco a subscriber subtool   1965/94	1	2	3	4	5	6	7
COTTENS FORMACIAL GROUP  986.54  986.54  986.55  1000	Name of Debtor	1 - 30 Davs	31 - 60 Davs	61 - 90 Davs	Over 90 Davs	Nonadmitted	Admitted
STITESTER PROVINCIAL PROVIDED   198.574		·			·		
Committee date and uppoid not intrividually lends   3,395 (204   180,049   23,587   20,4847	ITIZENS FINANCIAL GROUP	986,574	*****				986,57
99999 Tool arous 4.792.978 190.949 23.987 (94.947)	0299997 Group subscriber subtotal	986,574					986,57
C99999 Total group	0299998 Premiums due and unnaid not individually listed	3 806 004	180 649	23 587	(34 847)		3,975,39
	0220000 1 Toffmanio ado ana anpara not marriadany notos	0,000,001	100,010	20,001	(61,611)		0,010,00
	0299999 Total group	4,792,578	180,649	23,587	(34,847)		4,961,96
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		****		****		* * * * * * * * * * * * * * * * * * * *	
0599999 Accident and health premiums due and unpaid (Page 2, Line 13) 4,792,578 180,649 23,587 (34,847)	0500000 Assidant and health promising due and sensitif (Dans Q. Line 42)	4 700 570	400.040	00.507	/04.047\		4,961,96

# **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1	2	3	4	5	6	7
		•				
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
		• • • • • • • • • • • • • • • • • • • •				
					*****	
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					*****	

# EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported) Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
039999 Aggregate accounts not individually listed - covered	3,133,499	584,055	259,965	170,373	332,724	4,480
0499999 Subtotals	3,133,499	584,055	259,965	170,373	332,724	4,480
0799999 Total claims unpaid						4,480
899999 Accrued medical incentive pool and bonus amounts						

# EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
ALTUS DENTAL INC ALTUS GROUP INC ALTUS REALTY	22,973 10,758 12,956	17,496 10,409 4,442	9,792 10,238 4,430	1,708,837 1,107,366 1,518,695	1,759,098 1,138,771 1,540,523		
ALTUS DENTAL INSURANCE CO INC (RI)	(30,112)	617	35,260	49,109		54,874	
0199999 Individually listed receivables	16,575	32,964	59,720	4,384,007	4,438,392	54,874	
		******					* * * * * * * * * * * * * * * * * * * *
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# EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
'	2	S	4	5
Affiliate	Description	Amount	Current	Non-Current
7 timate	Возприон	Amount	Guilon	Non outlone
DADK DOW ASSOCIATES		1,705,804	210,758	1,495,046
PARK ROW ASSOCIATES ALTUS SYSTEMS		565,875	(808,762	
0199999 Individually listed payable		2,271,679	(598,004	2,869,683
			(555),55	
	***************************************	***************************************		
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		***************************************		
	***************************************			
0399999 Total gross payables		2,271,679	(598,004	2,869,68

# **EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total	3 Total Members Covered	4 Column 3 as a % of Total	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
Medical groups     Intermediaries						
3. All other providers						
Total capitation payments						
Other Payments:						
5. Fee-for-service				XXX		
6. Contractual fee payments	79,880,790	100.00	XXX	XXX	73,867,452	6,013,338
7. Bonus/withhold arrangements - fee-for-service			XXX	XXX	1	
Bonus/withhold arrangements - contractual fee payments			XXX	XXX	1	LI
9. Non-contingent salaries			XXX	XXX		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. Total other payments	79,880,790	100.00	XXX	XXX	73,867,452	6,013,338
13. Total (Line 4 plus Line 12)	79,880,790	100%	XXX	XXX	73,867,452	6,013,338

# **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

	2		,	-	0
1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC

4

Book Value

607,010

1,974,356

165,239

287,763

5

Assets

Not

Admitted

165,239

287,763

Net Admitted

Assets

2

# Description Cost Improvements Accumulated Depreciation Encumbrances 1. Administrative furniture and equipment 1. Administrative furniture, equipment and fixtures 3. Pharmaceuticals and surgical supplies 4. Durable medical equipment

729,535

2,262,120

5. Other property and equipment

6. Total

## 55301200543040100

# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION DELTA DENTAL OF RHODE ISLAND.

2. 10 CHARLES STREET PROVIDENCE, RI 02904 (LOCATION)

NAIC Group Code: 1571 BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2005

NAIC Company Code 55301

	1	Comprehensive (I	Hospital & Medical)	4	5	6	7	8	9	10	11	12	13
		2	3	Medicare	Vision	Dental	Federal Employees Health Benefit	Title XVIII	Title XIX	Stop	Disability	Long-Term	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Loss	Income	Care	Other
Total Members at end of:													
Prior Year	308,284					308,284							
2. First Quarter	319,420		* * * * * * * * * * * * * * * * * * * *			319,420							
3. Second Quarter	319,677	*****	* * * * * * * * * * * * * * * * * * * *			319,677		* * * * * * * * * * * * * * * * * * * *					
4. Third Quarter	322,152	*****	* * * * * * * * * * * * * * * * * * * *			322,152		* * * * * * * * * * * * * * * * * * * *					
5. Current Year	322,989					322,989							
6. Current Year Member Months	3,852,307					3,852,307							
Total Member Ambulatory Encounters for Year:													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Written	94,942,450					94,942,450							
13. Life Premiums Direct     14. Property/Casualty Premiums Written     15. Health Premiums Earned													
15. Health Premiums Earned	96,630,306					96,630,306							
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of													
Health Care Services	79,880,790					79,880,790							l
18. Amount Incurred for Provision of													
Health Care Services	80,342,145					80,342,145							

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_

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### 55301200543058100

# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION, DELTA DENTAL OF RHODE ISLAND.

2. . . 10 CHARLES STREET PROVIDENCE, RI . 02904 (LOCATION)

NAIC Group Code: 1571 BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2005

NAIC Company Code 55301

	1	Comprehensive (I	Hospital & Medical)	4	5	6	7	8	9	10	11	12	13
	7.1.1	2	3	Medicare	Vision	Dental	Federal Employees Health Benefit	Title XVIII	Title XIX	Stop	Disability	Long-Term	Others
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Loss	Income	Care	Other
Total Members at end of:													
1. Prior Year	308,284					308,284							
2. First Quarter	319,420					319,420							
3. Second Quarter	319,677					319,677							
4. Third Quarter	322,152					322,152							
5. Current Year	322,989					322,989							
Current Year Member Months	3,852,307					3,852,307							
Total Member Ambulatory Encounters for Year:													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Written	94,942,450					94,942,450							
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned	96,630,306					96,630,306							
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of													
Health Care Services	79,880,790					79,880,790							
18. Amount Incurred for Provision of							* * * * * * * * * * * * * * * * * * * *						
Health Care Services	80,342,145					80,342,145							

(a)	For health business: number of persons insured under PPO managed care products	and number	of persons insured under indemnity only product	S

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# **SCHEDULE A - VERIFICATION BETWEEN YEARS Real Estate**

1.	Book/adjusted carrying value, December 31, prior year
2.	Increase (decrease) by adjustment:
	2.1 Totals, Part 1, Column 11
	2.2 Totals, Part 3, Column 7
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9))
4.	Cost of additions and permanent improvements:
	4.1 Totals, Part 1, Column 14
	4.2. Tatala Dart 2. Caluma 0.
5.	Total profit (loss) on sales, Part 3, Column 14
6.	Increase (decrease) by foreign exchange adjustment:
	6.1 Totals, Part 1, Column 12
	6.2 Totals, Part 3, Column 8
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 13
8.	Book/adjusted carrying value at the end of current period
	Total valuation allowance
	Subtotal (Lines 8 plus 9)
	Total nonadmitted amounts
	Statement value, current period (Page 2, real estate lines, Net Admitted Assets Column)
	SCHEDULE B - VERIFICATION BETWEEN YEARS
	Mortgage Loans
1.	Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year
2.	Amount loaned during year:
	2.1 Actual cost at time of acquisitions
	2.2 Additional investment made after acquisitions
	Accrual of discount and mortgage interest points and commitment fees
	Increase (decrease) by adjustment
	Total profit (loss) on sale NONE
	Amounts paid on account or in full during the year
	Amortization of premium
	Increase (decrease) by foreign exchange adjustment
	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period
	Total valuation allowance
	Subtotal (Lines 9 plus 10)
	Total nonadmitted amounts
13.	Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets Column)
	SCHEDULE BA - VERIFICATION BETWEEN YEARS
	Long-Term Invested Assets
	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year
2.	Cost of acquisitions during year:
	2.1 Actual cost at time of acquisitions
	2.2 Additional investment made after acquisitions
3.	Accrual of discount
4.	Increase (decrease) by adjustment  Total profit (loss) on sale  NONE
	Amounts paid on account or in full during the year
	Amortization of premium
	Increase (decrease) by foreign exchange adjustment
	Book/adjusted carrying value of long-term invested assets at end of current period
	Total valuation allowance
	Subtotal (Lines 9 plus 10)
	Total nonadmitted amounts
١ <b>3</b> .	Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality and Maturity Dis	stribution of Aii	Bonas Ownea	December 3	i, at Book/Adj	justed Carryir	ng values by Ma <sub>.</sub>	jor Types of Issi	ues and NAIC L	esignations		
Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
4 II 0 Och al la D. D. D. (Och al la											. ,
1. U.S. Governments, Schedules D & DA (Group 1) 1.1 Class 1 1.2 Class 2	1,500,000	13,060,094				14,560,094	43.448	10,816,145	28.968	14,560,094	
1.3 Class 3 1.4 Class 4											
1.5 Class 5 1.6 Class 6											
1.7 Totals	1,500,000	13,060,094				14,560,094	43.448	10,816,145	28.968	14,560,094	
2. All Other Governments, Schedules D & DA (Group 2)											
2.1 Class 1 2.2 Class 2 2.3 Class 3 2.4 Class 4 2.5 Class 5 2.6 Class 6 2.7 Totals											
3. States, Territories and Possessions, etc., Guaranteed, Schedules D & DA (Group 3)											
3.1 Class 1. 3.2 Class 2. 3.3 Class 3. 3.4 Class 4. 3.5 Class 5. 3.6 Class 6. 3.7 Totals											
Political Subdivisions of States, Territories and     Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1 Class 1 4.2 Class 2 4.3 Class 3 4.4 Class 4 4.5 Class 5 4.6 Class 6 4.7 Totals											
<ol> <li>Special Revenue &amp; Special Assessment Obligations, etc., Non-Guaranteed, Schedules D &amp; DA (Group 5)</li> </ol>											
5.1 Class 1 5.2 Class 2 5.3 Class 3 5.4 Class 4 5.5 Class 5											
5.6 Class 6 5.7 Totals											

Annual Statement for the year 2005 of the DELTA DENTAL OF RHODE ISLAND

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	Quality and Maturity Di	otribution or 7 th	Donas Ownou	Doddinboi o	1, 41 5001(714)	dotod Garryn	ig valuoo by ivia	Joi 1 y p 0 0 0 1 100	400 ana 147 110 E	ooignationo		
	Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6.	Public Utilities (Unaffiliated), Schedules D & DA (Group 6) 6.1 Class 1 6.2 Class 2 6.3 Class 3 6.4 Class 4 6.5 Class 5 6.6 Class 6 6.7 Totals											
7.	Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7) 7.1 Class 1 7.2 Class 2 7.3 Class 3 7.4 Class 4 7.5 Class 5 7.6 Class 6 7.7 Totals	2,652,823 1,251,963 249,870 4,154,656	14,011,255 785,252 14,796,507				16,664,078 2,037,215 249,870	6.079 0.746	21,750,139 4,050,806 721,686	58.251 10.849 1.933 71.032	16,664,078 2,037,215 249,870 18,951,163	
8.	Credit Tenant Loans, Schedules D & DA (Group 8) 8.1 Class 1 8.2 Class 2 8.3 Class 3 8.4 Class 4 8.5 Class 5 8.6 Class 6 8.7 Totals											
9.	Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9) 9.1 Class 1 9.2 Class 2 9.3 Class 3 9.4 Class 4 9.5 Class 5 9.6 Class 6 9.7 Totals											

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality and Maturity L				I		1	jjp				
	1	2	3	4	5	6	7	8	9	10	11
							Col. 6		% From		Total
		Over 1 Year	Over 5 Years	Over 10 Years		Total	as a %	Total from	Col. 7	Total	Privately
Quality Rating per the	1 Year	Through	Through	Through	Over 20	Current	of	Col. 6	Prior	Publicly	Placed
NAIC Designation	or Less	5 Years	10 Years	20 Years	Years	Year	Line 10.7	Prior Year	Year	Traded	(a)
10. Total Bonds Current Year											
1	4.450.000	07 074 040				04 004 470	00.475	V V V	V V V	04 004 470	
10.1 Class 1 10.2 Class 2	4,152,823 1,251,963	27,071,349 785,252				31,224,172 2.037.215	93.175 6.079	XXX XXX	XXX	31,224,172 2.037.215	
10.3 Class 3	249,870					249,870	0.746	x x x	x x x	249,870	
10.4 Class 4				* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *			XXX	XXX		
10.5 Class 5						(c)		XXX	XXX		
10.6 Class 6.						(c)		XXX	XXX		
10.7 Totals	5,654,656	27,856,601				(b) 33,511,257	100.000		XXX	33,511,257	
10.8 Line 10.7 as a % of Col. 6	16.874	83.126				100.000	XXX	XXX	XXX	100.000	
11. Total Bonds Prior Year											
11.1 Class 1	7,327,222	25,239,062				xxx	xxx	32,566,284	87.218	32,566,284	
11.2 Class 2	1,001,595	3,049,211				XXX	XXX	4,050,806	10.849	4,050,806	
11.3 Class 3	464,965	256,721		* * * * * * * * * * * * * * * * * * * *	*******	XXX	XXX	721,686	1.933	721,686	
11.4 Class 4						X X X	XXX				
11.5 Class 5						X X X	X X X	(c)			
11.6 Class 6						XXX	XXX	(c)			
11.7 Totals	8,793,782	28,544,994				XXX	XXX	(b) 37,338,776	100.000	37,338,776	
11.8 Line 11.7 as a % of Col. 8	23.551	76.449				XXX	XXX	100.000	XXX	100.000	
12. Total Publicly Traded Bonds											
12.1 Class 1	4,152,823	27,071,349				31,224,172	93.175	32,566,284	87.218	31,224,172	XXX
12.2 Class 2	1,251,963	785,252				2,037,215	6.079	4,050,806	10.849	2,037,215	XXX
12.3 Class 3.	249,870					249,870	0.746	721,686	1.933	249,870	X X X
12.4 Class 4											XXX
12.5 Class 5											XXX
12.6 Class 6 12.7 Totals	5,654,656	27,856,601				33,511,257	100.000	37,338,776	100.000	33,511,257	XXX
12.7 Totals 12.8 Line 12.7 as a % of Col. 6	16.874	83.126				33,511,257	X X X	X X X	X X X	33,511,257	XXX
12.9 Line 12.7 as a % of Col. 6  12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	16.874	83.126				100.000	XXX	XXX	XXX	100.000	XXX
13. Total Privately Placed Bonds	10.074	00.120				100.000	XXX	XXX	XXX	100.000	XXX
l '											
13.1 Class 1										XXX	
13.2 Class 2 13.3 Class 3										XXX	
13.4 Class 4										XXX	
13.5 Class 5										XXX	
13.6 Class 6										XXX	
13.7 Totals										XXX	
13.8 Line 13.7 as a % of Col. 6							XXX	XXX	XXX	XXX	
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10							XXX	XXX	XXX	XXX	
	d for roadsd-= OFO	Dula 144A		•		•					
(a) Includes \$0 freely tradable under SEC Rule 144 or qualified	ed for resale under SEC	Kule 144A.									

٠,			'		
(b)	Includes \$	0_current year, \$	0 prior year of bonds with Z designations and \$	0_current year, \$	0_prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by
	the Securities Valuat	tion Office (SVO) at the date	of the statement. "Z*" means the SVO could not evaluate the obl	igation because valuation proce	dures for the security class is under regulatory review.
(c)	Includes \$	0_current year, \$	0 prior year of bonds with 5* designations and \$	0 current year, \$	0_prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO i
	reliance on the insur	er's certification that the issu	er is current in all principal and interest payments. "6*" means the	NAIC designation was assigned	ed by the SVO due to inadequate certification of principal and interest payments.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
U.S. Governments, Schedules D & DA (Group 1)  1.1 Issuer Obligations											
1.1 Issuel Colligations  1.2 Single Class Mortgage-Backed/Asset-Backed Securities	1,500,000	13,060,094				14,560,094	43.448	10,816,145	28.968	14,560,094	
1.7 Totals	1,500,000	13,060,094				14,560,094	43.448		28.968	14,560,094	
2. All Other Governments, Schedules D & DA (Group 2)											
2.1 Issuer Obligations											
2.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
2.3 Defined 2.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES		* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *						
2.5 Defined											
2.6 Other											
2.7 Totals											
3. States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 3)											
3.1 Issuer Obligations		* * * * * * * * * * * * * * * * * * * *									
3.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
3.3 Defined											
3.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
3.5 Defined											
3.6 Other											
3.7 Totals											
Political Subdivisions of States, Territories and Possessions, Guaranteed,											
Schedules D & DA (Group 4)											
4.1 Issuer Obligations											
4.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
4.3 Defined											
4.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
4.5 Defined											
4.6. Othor											
4.7 Totals											
Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed,											
Schedules D & DA (Group 5)											
5.1 Issuer Obligations											
5.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES					1						
5.3 Defined											
5.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES 5.5 Defined											
5.6 Other											
5.7 Totals					<del>                                     </del>						

,					, ,	1	- 71				
Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6) 6.1 Issuer Obligations 6.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 6.3 Defined 6.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES 6.5 Defined 6.6 Other 6.7 Totals											
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7) 7.1 Issuer Obligations 7.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 7.3 Defined 7.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES 7.5 Defined 7.6 Other 7.7 Totals	4,154,656 4,154,656	14,796,507				18,951,163	56.552	26,522,631	71.032	18,951,163	
8. Credit Tenant Loans, Schedules D & DA (Group 8) 8.1 Issuer Obligations 8.7 Totals 9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9) 9.1 Issuer Obligations 9.2 Single Class Mortgage-Backed/Asset-Backed Securities	4,104,000	14,790,507				10,951,105	50.552	20,322,031	71.032	10,951,105	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 9.3 Defined 9.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES 9.5 Defined 9.6 Other 9.7 Totals											

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues.

Maturity Distribution	of All Bonds (	Jwned Decen	iber 31, at Bo	ok/Adjusted C	arrying values	s by Major Typ	e and Subtyp	e or issues			
	1	2 Over 1	3	4 Over 10	5	6	7	8	9 % From	10	11
	1 Year	Year Through	Over 5 Years Through 10	Years Through 20	Over 20	Total Current	Col. 6 as a % of	Total from Col. 6 Prior	Col. 7 Prior	Total Publicly	Total Privately
Distribution by Type	or Less	5 Years	Years	Years	Years	Year	Line 10.7	Year	Year	Traded	Placed
10. Total Bonds Current Year											
10.1 Issuer Obligations	4,154,656	14,796,507				18,951,163	56.552	XXX	XXX	18,951,163	
10.2 Single Class Mortgage-Backed/Asset-Backed Securities	1,500,000	13,060,094				14,560,094	43.448	XXX	XXX	14,560,094	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
10.3 Defined								XXX	XXX		
10.4 Other								XXX	XXX		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
10.5 Defined								XXX	XXX		
10.6 Other								XXX	XXX		
10.7 Totals	5,654,656	27,856,601				33,511,257	100.000	XXX	XXX	33,511,257	
10.8 Line 10.7 as a % of Col. 6	16.874	83.126				100.000	XXX	XXX	XXX	100.000	
11. Total Bonds Prior Year											
11.1 Issuer Obligations	7,783,302	18,739,329				XXX	XXX	26,522,631	71.032	26,522,631	
11.2 Single Class Mortgage-Backed/Asset-Backed Securities	1,010,480	9,805,665				XXX	XXX	10,816,145	28.968	10,816,145	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
11.3 Defined						XXX	XXX				
11.4 Other						XXX	XXX				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
11.5 Defined						X X X	XXX				
11.6 Other						XXX	XXX				
11.7 Totals	8,793,782	28,544,994			* * * * * * * * * * * * * * * * * * * *	XXX	XXX	37,338,776	100.000		
11.8 Line 11.7 as a % of Col. 8	23.551	76.449				XXX	XXX	100.000	XXX	100.000	
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	4,154,656	14,796,507				18,951,163	56.552	26,522,631	71.032	18,951,163	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Securities	1,500,000	13,060,094				14,560,094	43.448	10,816,145	28.968	14,560,094	X X X
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
12.3 Defined											XXX
12.4 Other											XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											V V V
12.5 Defined											XXX
12.6 Other	5.054.050	07.050.004				20 544 057	400.000	07 000 770	400.000	20 544 057	XXX
12.7 Totals	5,654,656	27,856,601				33,511,257	100.000		100.000		XXX
12.8 Line 12.7 as a % of Col. 6	16.874	83.126				100.000	XXX	XXX	XXX	100.000	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10 13. Total Privately Placed Bonds	16.874	83.126				100.000	XXX	XXX	XXX	100.000	XXX
13. 1 Issuer Obligations										xxx	
13.2 Single Class Mortgage-Backed/Asset-Backed Securities										XXX	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES										·····	
13.3 Defined										xxx	
13.4 Other								* * * * * * * * * * * * * * * * * * * *			
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES								* * * * * * * * * * * * * * * * * * * *			
13.5 Defined										xxx	
13.6 Other										XXX	
13.7 Totals										XXX	
13.7 Totals 13.8 Line 13.7 as a % of Col. 6							XXX	XXX	XXX	XXX	
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10							XXX	XXX	XXX	XXX	
10.0 Emb 10.1 do d /0 of Emb 10.1, Ooi. 0, Ocolion 10	l						^^^	^^^	// // //	^^^	

# **SCHEDULE DA - PART 2 - VERIFICATION BETWEEN YEARS**

## **Short - Term Investments**

		1	2	3	4	5
		Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1.	Book/adjusted carrying value, December 31 of prior year					
2.	Cost of short-term investments acquired	2,216,411	2,216,411			************
3.	Increase (decrease) by adjustment	33,589	33,589			************
4.	Increase (decrease) by foreign exchange adjustment		***************			*******
5.	Total profit (loss) on disposal of short-term investments					
6.	Consideration received on disposal of short-term investments	2,250,000	2,250,000			
7.	Book/adjusted carrying value, current year					
8.	Total valuation allowance		***********			************
9.	Subtotal (Lines 7 plus 8)					
10.	Total nonadmitted amounts					
11.	Statement value (Lines 9 minus 10)					
12.	Income collected during year	33,589	33,589		*************	************
13.	Income earned during year	33,589	33,589			

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

# **SCHEDULE DB - PART A - VERIFICATION BETWEEN YEARS**

Options, Caps, Floors and Insurance Futures Options Owned

1.	Book value, December 31, prior year (Line 8, prior year)	
2.	2. Cost/Option Premium (Section 2, Column 7)	
3.	3. Increase/(Decrease) by Adjustment (Section 1, Column 12) plus (Section 3, Column 13)	
4.	4. Gain/(Loss) on Termination:	
	4.1 Recognized (Sec. 3, Column 14)	_
	4.2 Used to Adjust Basis of Hedged Item (Section 3, Column 15)	_
5.	5. Consideration Received on Terminations (Section 3, Column 12)	
6.	6. Used to Adjust Basis on Open Contracts (Sec. 1, Column 13)	
7.	7. Disposition of Deferred Amount on Contracts Terminated in Prior Year:	
	7.1 Recognized	_
	7.2 Used to Adjust Basis of Hedged Item	_
8.	8. Book value, December 31, Current Year (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7)	. <u> </u>
	SCHEDULE DB - PART B - VERIFICATION BETWEEN YEARS Options, Caps, Floors and Insurance Futures Options Written	
1.		
	Options, Caps, Floors and Insurance Futures Options Written	
2.	Options, Caps, Floors and Insurance Futures Options Written  1. Book value, December 31, prior year (Line 8, prior year)	
<ol> <li>3.</li> </ol>	Options, Caps, Floors and Insurance Futures Options Written  1. Book value, December 31, prior year (Line 8, prior year)  2. Consideration received (Section 2, Column 7)	
<ol> <li>3.</li> </ol>	Options, Caps, Floors and Insurance Futures Options Written  1. Book value, December 31, prior year (Line 8, prior year)  2. Consideration received (Section 2, Column 7)  3. Increase/(Decrease) by Adjustment (Section 1, Column 12) plus (Section 3, Column 13)	

5. Consideration Paid on Terminations (Section 3, Column 12) 6. Used to Adjust Basis on Open Contracts (Section 1, Column 13)

7.2 Used to Adjust Basis

8. Book value, December 31, Current Year

7. Disposition of Deferred Amount on Contracts Terminated in Prior Year:

7.1 Recognized

# SCHEDULE DB - PART C - VERIFICATION BETWEEN YEARS

Swaps and Forwards

1.	Book value, December 31, prior year (Line 8, prior year)	
2.	Cost or (Consideration Received) (Section 2, Column 7)	
3.	Increase/(Decrease) by Adjustment (Section 1, Column 12) plus (Section 3, Column 13)	
4.	Gain/(Loss) on Termination:	
	4.1 Recognized (Section 3, Column 14)	
	4.2 Used to Adjust Basis of Hedged Item (Section 3, Column 15)  Consideration Received (or Paid) on Terminations (Section 3, Column 12)	
5.	Consideration Received (or Paid) on Terminations (Section 3, Column 12)	- <u></u>
6.	Used to Adjust Basis of Hedged Item on Open Contracts (Section 1, Column 13)	
7.	Disposition of Deferred Amount on Contracts Terminated in Prior Year:	
	7.1 Recognized	
	7.2 Used to Adjust Basis of Hedged Item	
8.	Book value, December 31, Current Year (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7)	
	SCHEDULE DB - PART D - VERIFICATION BETWEEN YEARS Futures Contracts and Insurance Futures Contracts	
1.	Book value, December 31, prior year (Line 8, prior year)	
2.	Change in total Variation Margin on Open Contracts (Difference between years-Section 1, Column 6)	
3.1	Change in Variation Margin on Open Contracts Used to Adjust Basis of Hedged Item (Section 1, Column 11)	
3.2	Change in Variation Margin on Open Contracts Recognized (Difference between years-Section 1, Column 10)	
4.1	Variation Margin on Contracts Terminated During the Year (Section 3, Column 6)	
4.2	Less:	
	4.21 Gain/(Loss) Recognized in Current Year (Section 3, Column 11)	
	4.22 Gain/(Loss) Used to Adjust Basis of Hedge (Section 3, Column 12) NONE	
4.3	Subtotal (Line 4.1 minus Line 4.2)	
5.1	Net Additions to Cash Deposits (Section 2, Column 7)	
5.2	Less: Net Reductions to Cash Deposits (Section 3, Column 9)	
6.	Subtotal (Lines 1 - 2 + 3.1 + 3.2 - 4.3 + 5.2)	
7.	Disposition of Gain/(Loss) on Contracts Terminated in Prior Year:	
	7.1 Recognized	
	7.2 Used to Adjust Basis of Hedged Item	
8.	Book value, December 31, current year (Lines 6 + 7.1 + 7.2)	
	SCHEDULE DB - PART E - VERIFICATION Statement Value and Fair Value of Open Contracts	
,		Statement Value
1.	Part A, Section 1, Column 10	
2.	Part B, Section 1, Column 10	
3.	Part C, Section 1, Column 10	
4.	Part D, Section 1, Column 9 - 12	
5. e	Lines (1) - (2) + (3) + (4)	
6. 7.	Part E, Section 1, Column 4	
7. 8.	Part E, Section 1, Column 5	
0.	Part E, Section 1, Column 5  Lines (5) - (6) - (7)  Part A, Section 1, Column 11	Fain Walter
9.	Part A, Section 1, Column 11	Fair Value
10.	Part B, Section 1, Column 11	
11.	Part C, Section 1, Column 11	
12.	Part D, Section 1, Column 9	
13.	Lines (9) - (10) + (11) + (12)	
14.	Part E, Section 1, Column 7	
15.	Part E, Section 1, Column 8	
16.	Lines (13) - (14) - (15)	

# SCHEDULE DB - PART F - SECTION 1

# Replicated (Synthetic) Assets Open

	Replicated (Sy	nthetic) Asset			Components of the Replicated (Synthetic) Asset									
1	2	3	4	5	Derivative Instruments O	pen		Casi	h Instrument(s) Held					
Replication RSAT Number	Description	NAIC Designation or Other Description	Statement Value	Fair Value	6 Description	7 Fair Value	8 CUSIP	9 Description	10 Statement Value	11 Fair Value	12 NAIC Designation or Other Description			
					NICKIE	* * * * * * * * * * * * * * * * * * * *								
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	First C	Quarter	Second	Quarter	Third (	Quarter	Fourth	Quarter	Year-T	o-Date
	1	2	3	4	5	6	7	8	9	10
	Number of Positions	Total Replicated (Synthetic) Assets Statement Value								
Beginning Inventory										
Add: Opened or Acquired     Transactions										
Add: Increases in Replicated     Asset Statement Value	xxx		xxx	NO	NExxx		xxx		xxx	
Less: Closed or Disposed of     Transactions										
Less: Positions Disposed of for Failing Effectiveness     Criteria										
Less: Decreases in Replicated     (Synthetic) Asset     Statement Value	XXX									
7. Ending Inventory										

## Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

			Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year								
1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4  Name of Reinsured	5 Location	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
								* * * * * * * * * * * * * * * * * * * *			
								* * * * * * * * * * * * * * * * * * * *			
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# Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of

December 31, Current Year

NAC (Grossy Close)    Part   Content   Part   Part	1	2	3	4	5	6	7
Cambaig	NAIC	Federal					
Osis Nomber Design Name of Contasty Leaston Place Lossee Urgani Losses  Nomber Design			Effective				
	Code	Number	Date	Name of Company	Location	Paid Losses	Unpaid Losses
							*****
			* * * * * * * * * * * * *				* * * * * * * * * * * * * * * * * * * *
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## DELTA DENTAL OF RHODE ISLAND

# **SCHEDULE S - PART 3 - SECTION 2**

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding S	Surplus Relief	12	13
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Туре	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	10 Current Year	11 Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
					* * * * * * * * * * * * * * * * * * * *						* * * * * * * * * * * * * * * * * * * *	
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	Reinsurance Ceded To Unauthorized Companies												
1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4  Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols. 5 + 6 + 7)	9 Letters of Credit	10 Trust Agreements	Funds Deposited by and Withheld from Reinsurers	12 Other	13 Miscellaneous Balances (Credit)	14 Sum of Cols 9 + 10 + 11 + 12 + 13 But Not in Excess of Col. 8
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## Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

		1 2005	2 2004	3 2003	4 2002	5 2001
		2000	2004	2000	2002	2001
A.	OPERATIONS ITEMS					
1.	Premiums					
2.	Title XVIII-Medicare					
3.	Title XIX-Medicaid					
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses					
В.	Commissions and reinsurance expense allowance Total hospital and medical expenses  BALANCE SHEET ITEMS	NE				
6.	Premiums receivable					
7.	Claims payable					
8.	Reinsurance recoverable on paid losses					
9.	Experience rating refunds due or unpaid					
10.	Commissions and reinsurance expense allowances unpaid					
11.	Unauthorized reinsurance offset					
C.	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12.	Funds deposited by and withheld from (F)					
13.						
14.	Trust agreements (T)					
	Other (O)					

# Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
Cash and invested assets (Line 10)	47,093,084		47,093,084
Accident and health premiums due and unpaid (Line 13)	4,961,967		4,961,967
Amounts recoverable from reinsurers (Line 14.1)			
Net credit for ceded reinsurance	xxx		
All other admitted assets (Balance)	1,428,120		1,428,120
6. Total assets (Line 26)	53,483,171		53,483,171
LIABILITIES, CAPITAL AND SURPLUS (Page 3) 7. Claims unpaid (Line 1)	4,480,616		4,480,616
Accrued medical incentive pool and bonus payments (Line 2)			
Premiums received in advance (Line 8)	1,162,331		1,162,331
10. Reinsurance in unauthorized companies (Line 18)			
11. All other liabilities (Balance)	6,698,351		6,698,351
12. Total liabilities (Line 22)	12,341,298		12,341,298
13. Total capital and surplus (Line 31)	41,141,873	XXX	41,141,873
14. Total liabilities, capital and surplus (Line 32)	53,483,171		53,483,171
NET CREDIT FOR CEDED REINSURANCE  15. Claims unpaid  16. Accrued medical incentive pool			
17. Premiums received in advance			
Reinsurance recoverable on paid losses	1		
19. Other ceded reinsurance recoverables			
20. Total ceded reinsurance recoverables			
21. Premiums receivable			
22. Unauthorized reinsurance			
23. Other ceded reinsurance payables/offsets			
24. Total ceded reinsurance payables/offsets	1		
25. Total net credit for ceded reinsurance			

# **SCHEDULE T - PART 2** INTERSTATE COMPACT PRODUCTS - EXHIBIT OF PREMIUMS WRITTEN

# Allocated By States and Territories

		1	2	3	4	5	6
	States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1	Alabama AL	marviadary	marvidualy	maividadij	marriadary	Contracto	Totalo
2.	Alaska AK						
	Arizona						
4. 5.	Arkansas AR California CA						
	California CA Colorado CO	*****				* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *
7.	Connecticut CT						
8.	Delaware DE						
	District of Columbia DC Florida FL						
110.	Florida FL Georgia GA						
12.	Hawaii HI						
13.	ldaho ID	*****		******			
14. 15.	Illinois IL						
	Indiana IN Iowa IA						
	Kansas KS						
18.	Kentucky KY						
19.	Louisiana LA						
	Maine ME						
21.	Maryland MD Massachusetts MA						
23	Michigan MI	* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *
24.	Minnesota MN						
	Mississippi MS						
26.	Missouri MO		NON				
	Montana MT Nebraska NE						
29.	Nevada NV						
30.	New Hampshire NH						
31.	New Jersey NJ						
	New Mexico NM New York NY						
	North Carolina NC						* * * * * * * * * * * * * * * * * * * *
35.	North Dakota ND						
	Ohio OH						
37.	Oklahoma OK						
30.	Oregon OR Pennsylvania PA						
40.	Rhode Island RI	* * * * * * * * * * * * * * * * * * * *				* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *
41.	South Carolina SC						
	South Dakota SD						
	Tennessee TN Texas TX						
	Utah UT						* * * * * * * * * * * * * * * * * * * *
	Vermont VT						
	VirginiaVA						
	Washington WA						
	West Virginia WV Wisconsin WI						
	Wyoming WY						
52.	American Samoa AS						
	Guam GU						
	Puerto Rico PR US Virgin Islands VI						
56	Canada	* * * * * * * * * * * * * * * * * * * *					
57.	Aggregate Other Alien OT						
58.	Totals						

# **SCHEDULE Y**

# PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
55301	05-0296998	DELTA DENTAL OF RHODE ISLAND					59,301				59,301	
00000	05-0476063	PARK ROW ASSOCIATES INC.					(59,301)				(59,301)	
00000	05-0502611	ALTUS SYSTEMS INC.					4,233,302				4,233,302	
55301		DELTA DENTAL OF RHODE ISLAND					(4,233,302)				(4,233,302)	
55301		DELTA DENTAL OF RHODE ISLAND					441,418			* * * * * * * * * * * * * * * * * * * *	441,418	* * * * * * * * * * * * * * * * * * * *
52632		ALTUS DENTAL INSURANCE CO. INC.		* * * * * * * * * * * * * * * * * * * *			(441,418)			* * * * * * * * * * * * * * * * * * * *	(441,418)	* * * * * * * * * * * * * * * * * * * *
00000		STRATEGIC INVESTMENT FUNDS		* * * * * * * * * * * * * * * * * * * *			268,000			* * * * * * * * * * * * * * * * * * * *	268,000	* * * * * * * * * * * * * * * * * * * *
55301		DELTA DENTAL OF RHODE ISLAND	* * * * * * * * * * * * * * * * * * * *				(268,000)				(268,000)	
00000	03-0396397	ALTUS REALTY INC.	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *			(56,416)				(56,416)	
55301	ACADA ACADA D E A ACA A A	DELTA DENTAL OF RHODE ISLAND	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *			56,416				56,416	
00000	05-0290990						(58,878)				(58,878)	
	05-0502012	ALTUS DENTAL OF BUODE ISLAND										
55301		DELTA DENTAL OF RHODE ISLAND					58,878				58,878	
00000		ALTUS DENTAL INC.					(63,354)				(63,354)	
00000		ALTUS DENTAL INSURANCE CO. INC.					63,354				63,354	
00000		DELTA DENTAL OF RHODE ISLAND					(102,112)				(102,112)	
00000	05-0476063	PARK ROW ASSOCIATES INC.					102,112				102,112	
55301		DELTA DENTAL OF RHODE ISLAND					1,138,771				1,138,771	
00000	05-0502610	ALTUS GROUP INC.					(1,138,771)				(1,138,771)	
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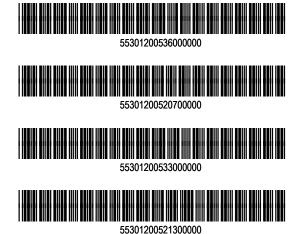
## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH FILING	<u>кезропзез</u>
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2.	Will an actuarial opinion be filed by March 1?	Yes
3.		Yes
4.		Yes
	APRIL FILING	
5.	Will the Management's Discussion and Analysis be filed by April 1?	Yes
6.	Will the Investment Risks Interrogatories be filed by April 1?	Yes
	JUNE FILING	
7.	Will an audited financial report be filed by June 1?	Yes
usine: ill be	llowing supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the ses for which the special report must be filed, your response of <b>NO</b> to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar of printed below. If the supplement is required of your company but is not being filed for whatever reason enter <b>SEE EXPLANATION</b> and provide an lation following the interrogatory questions.	* *
	MARCH FILING	
8.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the the state of domicile and the NAIC by March 1?	No
9.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	No
10.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	No
11.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
	APRIL FILING	
12.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?	No
13.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No

# **Explanation:**

## Bar code:



14. Will the Supplemental Property/Casualty data due April 1 be filed with the state of domicile and the NAIC?



No